PTO/SB/17 (10-08)

Date April 27, 2010

Approved for use through 06/30/2010. OMB 0651-0032
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Under the Paperwork Reduction	e on 12/08/20		lifed to re	spond to a collection					ID CONTION HOLIDON
Effective Fees pursuant to the Consolida	4818).		<u> </u>	mplete if Known					
FEE TR	ΔI Ì	Application Num	10/560,138						
	`-	Filing Date	March 7, 2007						
For					id Bergman				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Jacqueline A. Diramio			
TOTAL AMOUNT OF PAYMENT (\$) 130.00					1641				
TOTAL AMOUNT OF PAYI		Attomey Docket No. 3044373 US01							
METHOD OF PAYMENT	(check all	that apply)							
Check Credit Card Money Order None Other (please identify);									
Deposit Account Deposit Account Number: 50-3010 Deposit Account Name: Hiscock & Barclay, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
information and authorization	on PTO-2038.								
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	9	mall Entity		Small Entity		Small Entity			s Paid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (S	21000000	Fee			Fee	s Paid (5)
Utility	330	165	540	270	220				
Design	220	110	100	50	140			_	
Plant	220	110	330	165	170	-	-		
Reissue	330	165	540	270	650		-		
Provisional	220	110	0	0	()	0		
EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims							52 220 390	Small E Fee (1 26 110	<u>5)</u> ;
Total Claims				e Paid (\$)			Multiple Dependent Claims		
- 20 or HP =		_ x				1	ee (\$)	Fee	Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims									
HP = highest number of indep 3. APPLICATION SIZE		s paid for, if greater t	han 3.						
If the specification and	drawings 6	exceed 100 shee	ts of pa	aper (excluding	electron	ically file	ed seque	ence or co	omputer ditional 50
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = (round up to a whole number) x = [Fee Paid (\$)]									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): One (1) Month Extension of Time \$130.00									
SUBMITTED BY		7 10							
Signature -	- 11-	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Registration No.	35.067		Teleph	one 315-42	25-2700

This conclient of information is required by To CFR. 1.108. The information is required to obtain or retain a benefit by the guides which is to fix carb by the USPTO to processing an application. Confidentiality is governed by 30 U.S. C12 and 37 CFR.1.14. This conclication is entirated to take 30 millited to complete, including gathering, propering, and submitting the completed application from to the USPTO. This will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/ord suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionori for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Peter J. Bilinski